



A Textron Company

Community Champion Award Criteria & Guidelines

Nomination Deadline | October 1, 2017

The Presbyterian Night Shelter has established the Community Champion Award to recognize and honor those military veterans who, through their works and lives during or after military service, have made substantial contributions to the City of Fort Worth.

In consideration for recognition as the Bell Helicopter Community Champion Award recipient, all nominees must satisfy the following criteria:

- a. The nominee must have either been born in Texas, entered military service from Texas, stationed at a military base in Texas, or lived in Texas (specifically Fort Worth) for a minimum of five years.
- b. He/ she must have received an honorable discharge from U.S. Military Service or currently on active duty status. All finalists (5) will be required to provide proof of their military service with the submission of a DD Form 214 or other documentation that can be verified.
- c. The nominee must be of good character and have no felony convictions.
- d. The nominee must have made exemplary contributions to the Fort Worth community either during and/ or after their service in the U.S. Armed Forces.
 - a. The contributions of the nominee may be professional, civic, or in advocacy of veteran causes.
- e. Posthumous nominations are accepted. Records to document military service are still required. If DD Form 214 is not available, please provide other documentation to verify military service (e.g. discharge papers, affidavits, news articles, etc.) In the case of a deceased nominee, please provide the name of next of kin with contact information.
- f. Submitting multiple nominations on behalf of a single individual is discouraged. Nomination applications may be revised and resubmitted during the nomination period. All nomination packets and attachments become the property of Presbyterian Night Shelter and will not be returned. **Please do not send original documents as they will not be returned.**
- g. Community Champion Award nomination submissions will be accepted thru October 1, 2017 (5:00 pm).
 Please save and email all completed nominations to Brandon Nelson at <u>bnelson@journeyhome.org</u> or submit by mail at the address below:

Presbyterian Night Shelter Attn: Community Champion Award P.O. Box 2645 Fort Worth, TX 76113





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2017 COMMUNITY CHAMPION NOMINATION FORM

Nominee's Full Name			
Home Address:	City:	State:	Zip:
Email:	Phone:		
Is the nominee deceased? (please check o (Note: If a deceased nominee is selected as a finalis	-	vill be requested.)	
Was the nominee born in Texas? (please o	check one): YES NO		
If no, has the nominee lived in Fort Worth	ı for at least 5 years? (please	check one): 🗌 YES	NO
Select the nominee's Branch of Service (ch		Force U.S. Co	ast Guard
U.S. Merchant Marines U.S. Arm	iy Air Corps Other _		(please list)
Is the nominee currently in active-duty sta	atus? 🗌 YES 🗌 NO		
Dates of military service:	Rank at tin	ne of discharge:	
Education:			

<u>CIVIC ACTIVITIES AND CONTRIBUTIONS</u>: Please summarize the nominee's volunteer activities, civic activities and contributions; elected or appointed offices held; professional, civic, or fraternal affiliations. Attach additional sheet if necessary.



<u>AWARDS AND HONORS</u>: Please list any military, professional, educational, organizational, civic awards and honors the nominee has received. Attach additional sheet if necessary.

VETERAN ADVOCACY: Please summarize the nominee's involvement in veterans' advocacy and/or support programs and initiatives. Attach additional sheet if necessary.



NARRATIVE: Please provide a written narrative as to why you believe this nominee should be considered for the Community Champion Award. The narrative should explicitly convey the significant contributions the nominee has made to the City of Fort Worth/ Tarrant Count in their military, civic, business, public service, or other pursuits. Narratives should not exceed 500 words.

AFFIDAVIT AND AUTHORIZATION

I hereby affirm that the information contained in this nomination packet is accurate to the best of my knowledge and understanding, and in accordance with the nomination criteria and guidelines. I agree to provide additional information if requested by the Community Champion Award Selection Committee. I acknowledge that all provided photographs and documents will not be returned.

Electronic Signature:

Full Name: ______ Relationship to Nominee: ______

Phone: ______ Email: _____

Certification

By entering your signature information above and clicking "I Agree" below, you certify that the statements contained in this nomination are true and correct to the best of your knowledge

I Agree